



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4806 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

2012 APR 19

(CFA-4)  
Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-4 REPORT

8

IS THIS AN AMENDMENT? ☐ Yes ☒ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

McKENNEY For Public Office

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 590-3710

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

PO Box 904

5. City, State, ZIP Code

CARMEL, IN 46082

6. Party Affiliation (if applicable)

REPUBLICAN

## CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

RALPH F. "RICK" MCKINNEY

8. Party Affiliation or if Independent Candidate

REPUBLICAN

9. Office Sought (include district number, if any. Not required for exploratory committee.)

HAMILTON COUNTY COUNCIL AT-LARGE

10. County of Residence

HAMILTON

## TYPE OF REPORT

11. Check one:

☒ Pre-Primary ☐ Pre-Election ☐ Annual ☐ Nomination ☐ Other☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

CONVENTION CANDIDATES ONLY

Check one:  
☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period:

From: JAN 1, 2012

Through: Apr 13, 2012

COLUMN A  
This PeriodCOLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

525

14. Cash on hand and investments January 1, current year.

525

## CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

6375

6375

15b. Unitemized

-0-

-0-

15c. Add lines 15a and 15b in both columns

SUBTOTAL

6375

6375

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

6900

6900

## EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

3732.40

3732.40

17b. Unitemized

275

275

17c. Add lines 17a and 17b in both columns

SUBTOTAL

4007.40

4007.40

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

2892.60

2892.60

19. Debts OWED BY the committee (use Schedule D)

2000

20. Debts OWED TO the committee (use Schedule E)

0-

## CERTIFICATION

I, the undersigned, certify that the foregoing is true and correct to the best of my knowledge and belief it is true, correct and complete.

Treasurer

Date 4/19/12

Date 4/19/12

This form is not to be used for any commercial purpose. (IC 3-9-4-5) A person who knowingly who fails to file a complete or accurate report as required by the Indiana

FOR OFFICE USE ONLY


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

 State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 2 of 8

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Lawrence Beck 6401 E. 276TH St. Mendota, IN 46031  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$ 500	\$ 500	4/19/12 RM
2. Zach McKinney 14609 Warner Trail Westfield IN 46074  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$ 25	\$ 25	4/6/12 RM
3. Michael Reuter 12916 Water Ridge Dr McClintockville, IN 46055  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$ 100	\$ 100	4/13/12 RM
4. Annadia Maillho 12361 Medalist Parkway Carmel, IN 46033  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$ 500 \$ 500	\$ 1000	3/8, 4/13 RM
5. Ralph F. "Rite" McKinney 14609 Warner Trail Westfield, IN 46074 Candidate Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	\$ 2000	\$ 2000	4/13/12 RM
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 3625		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Stephen M. Charles Valiast 970 Cape Marco Dr Marco Island, FL 34145  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$500	\$500	2/27/12  RM
2.  Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.  Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.  Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.  Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 500		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

 State Form 4806 (R13/11-06)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Republic Services 18500 N. Allard Way Phoenix, AZ 85054	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$ 250	\$ 250	2/6/12 RM
2. TART Aviation Property 11329 G. SR 32 Zionsville, IN 46077	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$ 500	\$ 500	2/17/12 RM
3. Montgomery Aviation 11329 G. SR 32 Zionsville, IN	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$ 500	\$ 500	2/17/12 RM
4. JC Hunt Company Inc. 805 City Center Dr. Carmel, IN 46032	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$ 250	\$ 250	3/30/12 RM
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 1500		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

 State Form 4806 (R13/11-06)  
Indiana Election Commission (IC 3-8-5-14)

**(CFA-4 SCHEDULE A-4)  
CONTRIBUTIONS BY  
POLITICAL ACTION COMMITTEES  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS:** LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Sharp for Council 1481 Stearny Ridge Ct Cannel, IN 46032	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$500	\$500	2/15/12 PM
2. Friends of David George 8212 30 Ellen Fishers, IN 46038	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	\$250	\$250	4/4/12 PM
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 750		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 6375		


**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

 State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a** of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>A</u> Office May 14760 US 31 North Cannel, IN 46032	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>PRINTING</u>	+ 213.41 and 400.10	+ 613.51	1/30/12 and 3/10/12
Code <u>O</u> US Postal Service 275 Medical Dr. Cannel, IN 46032	Post Office	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>POSTAGE</u>	+ 310. + 275. + 362	+ 941	1/30/12 and 2/17/12 3/10/12
Code <u>A</u> Hennels 2150 E. Gaylord Pass Cannel, IN 46033	Hardware STORE	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>SUPPLIES for SIGN POSTS</u>	+ 381.30	+ 381.30	3/19/12
Code <u>A</u> Lowe's 14558 Lowe's Way Cannel, IN 46033	Hardware STORE	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>SUPPLIES for SIGN POSTS</u>	+ 370.10 and + 200.10	570.20	3/30 and 4/6/12
Code <u>A</u> Regal Printing 405 Gaudin Dr Cannel, IN 46032	Printer	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>BANNERS</u>	+ 860.28	+ 860.28	4/13/12
Code <u>A</u> Cannel High School 520 E. Main St. Cannel, IN 46032	School Newspaper	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>ADVERTISEMENT</u>	+ 100	+ 100	3/21/12
Code <u>A</u> Fisher Dr. Hardware 11081 Lakeside Dr Fisher, IN 46038	Hardware Store	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>SIGN POSTS</u>	+ 210.11	210.11	4/12/12
<b>SUBTOTAL THIS PAGE OF SCHEDULE B</b>			\$ 3682.40		
<b>TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY</b> (Enter total on ITEM 17a of the Summary Sheet)			\$		

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

**INSTRUCTIONS:** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>C</u> HAMILTON County Republican Central Committee 7246 Fishers Creek Dr Fishers, IN 46038	Political Organization	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>Conduct of Fund</u>	50	50	1/30/12
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 50		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 3737.40		



REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D)  
DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Ralph F. "Rute" McKinney 14609 WARNER Trail Westfield IN 46074 LENDER'S OCCUPATION: CANDIDATE	N/A	\$ 2000 loan	4/13/12	- 0 -	2000
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 2000
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$ 2000